

L08000032809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

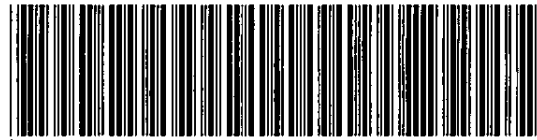
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EXAMINER



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 MAR 31 PM 4:05

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Dr.'s Help, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Grant Leggett, Esq.  
The Law Offices of D. Grant Leggett, P.A.  
4237 Salisbury Road, Suite 113 Building 1  
Jacksonville, FL 32216

For further information concerning this matter, please call:

Grant Leggett, Esq. at (904) 281-9102

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
THE DR.'S HELP, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is The Dr.'s Help, LLC, ("company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6564 River Point Dr.  
Green Cove Springs, Florida 32043

Mailing Address:

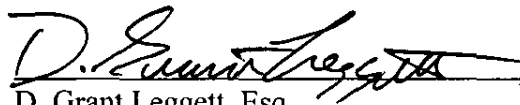
6564 River Point Dr.  
Green Cove Springs, Florida 32043

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

D. Grant Leggett, Esq.  
4237 Salisbury Rd., Suite 113 Building 1  
Jacksonville, Florida 32216

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
D. Grant Leggett, Esq.

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DIVISION OF CORPORATION  
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#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

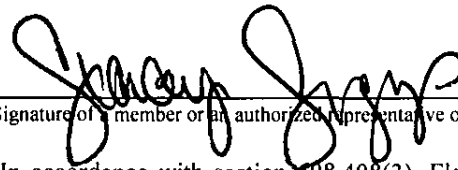
"MGMR" = Managing Member

Name and Address:

MGMR

Stacey Suggs  
6564 River Point  
Green Cove Springs, Florida 32043

#### REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stacey Suggs

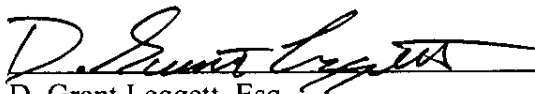
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY The Dr.'s Help, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is The Dr.'s Help, LLC.
2. The name and the Florida street address of the registered agent and office are:  
D. Grant Leggett, Esq.  
4237 Salisbury Rd., Suite 113 Building 1  
Jacksonville, Florida 32216

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
D. Grant Leggett, Esq.  
Registered Agent